

Consultation Findings: A Proposed New Adult Drug Treatment Model for Derby City

REVIEW OF RESPONSES

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1 Background

- 1.1 As a result of the comprehensive needs assessment in 2005 and review of the then current treatment model, a new model was developed to ensure effective delivery of treatment within the city.
- 1.2 The model proposed is based upon the needs assessment and review, incorporates developments made to address primary and shared care and takes account of the latest publications on national standards and good practice in the provision of drug treatment. The model has been developed by the CSP Drug Strategy Team incorporating views and discussions held with current service providers, service users and other key interested parties. The model was endorsed by the boards of the PCT and the CSP and the Government Agency tasked with supporting and monitoring drug treatment performance, the National Treatment Agency (NTA).
- 1.3 Having undertaken this work the CSP and the PCT embarked upon a full formal public consultation between 6th November 2006 and 29th January 2007 on the proposed drug treatment model as a whole. This was to ensure an opportunity for the public, and anyone with an interest in the delivery of drug treatment in Derby City, to comment upon the proposed treatment model and to take on board views relevant to the successful delivery of this work. To minimise the time lag between the end of the consultation and the implementation of the proposed model, if agreed, the public consultation ran in parallel to the first stages of a tendering process.

2 Methodology

- 2.1 The consultation was run in accordance with Dept. of Health and Home Office guidelines. A 'consultation pack' was put together outlining the proposed drug treatment model alongside accompanying information relevant to considering this model. This was accompanied by a

response form (copy in Appendix 1) to provide a standard format for responses. The consultation pack was widely distributed to stakeholders and was available throughout the consultation period as required on the PCT website, www.derbycitypct.nhs.uk. The consultation process was widely promoted to all current service providers and other key stakeholders.

2.2 Following the close of the consultation period at 12 noon on 29th January all responses were collated ready for analysis. Responses to the consultation came in the form of completed response forms and as letters.

2.3 The consultation response form was split into four question areas. The first two question areas were structured with respondents ticking relevant options. The third and fourth questions invited commentary. Analysis of the first two questions was simple in that the percentages responding to each could be easily produced. Analysis of the commentary was less straight-forward. To ensure that these were analysed in a robust and structured way, a scoring mechanism was devised:

Frequency – the number of respondents making a particular comment was turned into a proportion of the total number of respondents. This was then given a score according to its quartile:

0%	-	25%	=	1
26%	-	50%	=	2
51%	-	75%	=	3
76%	-	100%	=	4

Impact – each comment was given a score based on the likely impact incorporating the comment made into the proposed model:

0	=	No impact on the overall model
1	=	Insignificant impact on the overall model
2	=	Slight changes required to the service specifications
3	=	significant changes required to the service specifications
4	=	Substantial changes required to the overall model
5	=	Redesign of the whole model required

2.4 A 'risk to proposed model' score was then calculated by multiplying the 'frequency' score with the 'impact' score. This was felt to be a more robust method of analysing the comments as looking at frequency or impact alone. For example, if frequency of comments alone is considered, 100% respondents could make a comment that has no relevance to the delivery of the proposed model. Conversely, a comment could be made that if incorporated would require the re-design of the model. However, if only one respondent makes the comment then the recommendation should not be incorporated into the model. If however, 95% of respondents recommended something that required a re-design of the model then this should seriously be considered. The matrix designed allows such recommendations to be clearly identified as the calculated 'risk' scores were colour-coded: green (score 0-6); amber (score 7-13); red (score 14-20). Any comment achieving red would require serious consideration to a re-design of the proposed model. The matrix for scoring comments received through the consultation process was designed prior to looking at the commentary to ensure the process was unbiased.

2.5 Two members of staff, one with both an analytical background and clinical expertise (Service Improvement Manager, Drugs Strategy Team, CSP) and one with background and expertise in research and consultation (Head of Service: Policy, Performance Management and Communications) began the process of analysing the responses in commentary form. Each response was given a unique identifying number and each comment also given a code to ensure that an audit

trail could be established and commentary read in full at any time. To validate the coding and ensure a consistent and robust analysis of commentary, a Consultation Review Panel was convened including both CSP and PCT members. The scoring matrix was presented to the group and agreed as a robust and appropriate method of analysing the commentary in the responses received. This panel reviewed and endorsed the work so far and scrutinized and validated the response scoring.

3 Results

- 3.1 A total of 13 Consultation Response Forms were completed and returned. In addition, a further three responses were received in the form of letters. The majority of responses were on behalf of organisations/ groups rather than individuals.
- 3.2 Of the 13 completed forms, 10 responded 'yes' to supporting the proposed new adult drug treatment model and one responded 'don't know'. The remaining two responses, although commenting representing organisations/groups – identified the number within the groups saying individually 'yes', 'no' or 'don't know'. One response indicated three 'yes' and one 'no' and the other 14 'yes' and one 'don't know'. As the other responses from organisations/groups did not identify the number of individuals within them supporting or not the model, **all responses** were counted as one response, otherwise weighting would be given unfairly to these groups. These two cases are coded 'yes' as this is the majority view of the organisation/ group.
- 3.3 The three responses received as letters supported the proposed new adult treatment model. Therefore of the 16 responses to the consultation, **15 (93.8%) supported** the proposed model and **one (6.3%)** didn't know if they supported the proposed model.

- 3.4 Of the two individuals (one as part of a group) who stated that they 'didn't know' if they supported the proposed model, one ticked the option, '*I do not believe the proposed model will improve treatment outcomes*' and the other individual stated that they '*need more time to think about the information given before agreeing or disagreeing with the model proposed*'.
- 3.5 The one individual (responding as part of a group) who stated 'no' to supporting the proposed model ticked the following reasons:
'I do not believe that this proposed model addresses the real problems in the current treatment model',
'I do not believe that the proposed model will improve the quality of a range of services' and,
'I do not believe the proposed model is a more efficient and effective use of limited resources'.
- 3.6 The Consultation Response Scoring Matrix is shown in full overleaf.

3.7 Consultation scoring matrix



The matrix below is used to analyse the responses to Questions 3 & 4 of the consultation on the proposed Treatment Model
The comment or recommendation is recorded in the first column of the matrix

The frequency of the comment or similar comments/recommendations is recorded as an overall percentage of total responses in column 2

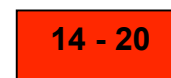
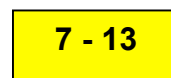
This frequency is recorded as its quartile in column 3

0%-	-	25%	=	1
26%	-	50%	=	2
51%	-	75%	=	3
76%	-	100%	=	4

The impact of the comment recommendation on the overall treatment model (0 – 5) is recorded in the fourth column using the following key:

- 0** = No impact on the overall model
- 1** = Insignificant impact on the overall model
- 2** = Slight changes required to the service specifications
- 3** = significant changes required to the service specifications
- 4** = Substantial changes required to the overall model
- 5** = Redesign of the whole model required

Finally the 'quartile' is multiplied by the 'impact' to give a risk indicator to the proposed model (0 – 20) reflected as red, amber or green i.e.



Tier 1	Total Number of respondents <u>16</u>
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	Comments and recommendations	Frequency %	Quartile 1 - 4	Impact 0 - 5	Risk (R/A/G)
1.0	Increase signposting and targeted health campaigns (ID1) (ID13)	12.5%	1	1	1
1.1	Enhanced pharmacy general healthcare services (e.g. dietary, dental etc) (ID1) (ID13)	12.5%	1	1	1
1.2	System needs to meet the needs of BME and diverse population (ID3)	6.25%	1	4	4
1.3	Education for parents and carers around treatment options (ID5) (ID6)	12.5%	1	1	1
1.4	The model should include and enhance interaction with Social Services (ID14)	6.25%	1	3	3

Tier 2	Total Number of respondents <u>16</u>
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	Comments and recommendations	Frequency %	Quartile 1 - 4	Impact 0 - 5	Risk (R/A/G)
2.0	Low threshold non controlled drug prescribing under patient group directions at pharmacies (ID1) (ID13)	12.5%	1	2	2
2.1	System needs to meet the needs of BME and diverse population (ID3)	6.25%	1	4	4
2.2	More links with alcohol misuse provision for stable drug treatment clients (ID4) (ID15)	12.5%	1	2	2
2.3	Appropriately trained nurses should be in all services (ID5)	6.25%	1	4	4
2.4	Service should be offering advice on housing and benefits (ID5)	6.25%	1	2	2
2.5	Concerns about co-located needle exchange and clinic (ID6)	6.25%	1	5	5
2.6	Deliver out-reach needle exchange in the community (ID6)	6.25%	1	3	3
2.7	Increase safe disposal of needles in the community (ID6)	6.25%	1	0	0

Tier 3	Total Number of respondents <u>16</u>
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	Comments and recommendations	Frequency %	Quartile 1 - 4	Impact 0 - 5	Risk (R/A/G)
3.0	Pharmacy prescribing at tier 3 as part of the model (ID1) (ID13)	12.5%	1	2	2
3.1	Shared Care delivered in specialist pharmacies (ID1) (ID13)	12.5%	1	3	3
3.2	Non prescribing elements of treatment are maintained (ID2)	6.25%	1	0	0
3.3	Gap in day-care provision at Tier 3 possibly delivered outside of the treatment system (e.g. healthy-living etc) (ID3)	6.25%	1	3	3
3.4	Services for stimulant users are missing (ID3)	6.25%	1	4	4
3.5	System needs to meet the needs of BME and diverse population (ID3)	6.25%	1	4	4
3.6	More links with alcohol misuse provision for stable drug treatment clients (ID4) (ID14)	12.5%	1	2	2
3.7	Clients need to retain the same key-worker throughout treatment episode (ID5) (ID6)	12.5%	1	2	2

3.8	More rapid access to consultant psychiatrists (ID5)	6.25%	1	0	0
3.9	Clients given a choice of male or female key-worker (ID6)	6.25%	1	3	3
3.10	Increase Diamorphine or alternative prescribing (ID6) (ID7)	12.5%	1	2	2
3.11	Increased training for medical and non-medical prescribers (ID8)	6.25%	1	3	3
3.12	Greater communication between drug services and GPs required (ID9)	6.25%	1	0	0
3.13	Enhanced levels of Shared Care (ID12)	6.25%	1	3	3
3.14	There should be robust integrated care pathways linking services (ID14)	6.25%	1	0	0
3.15	There should be improved dual diagnosis provision (ID15)	6.25%	1	2	2

Tier 4	Total Number of respondents
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Comments and recommendations		Frequency %	Quartile 1 - 4	Impact 0 - 5	Risk (R/A/G)
4.0	Unclear regarding access to Tier 4 provision (ID3) (ID14)	12.5	1	3	3

4 Conclusion and recommendations

- 4.1 The consultation generated a total of 16 responses with 15 (93.8%) supporting the model proposed and 1 (6.3%) don't know. As a result of this clear support to the proposed model no changes are being recommended. In line with good practice this report will be published on the PCT website.
- 4.2 A number of comments made in the responses offered useful advice and suggestions that will be considered in respect to future service delivery.
- 4.3 All responses received will be individually responded to in due course.
- 4.4 As a result of the consultation process we recommend no changes to the proposed adult treatment model as outlined within the consultation pack and that the tender process continue as planned.

Signed

Appendix 1



Consultation Response Form

A Proposed New Adult Drug Treatment Model for Derby City

Do you support the proposed new adult drug treatment model
(PLEASE TICK ONE BOX ONLY)

- | | | |
|------------|--------------------------|--|
| Yes | <input type="checkbox"/> | <i>Please skip straight to question 3.</i> |
| No | <input type="checkbox"/> | |
| Don't Know | <input type="checkbox"/> | |

If no/ don't know, please indicate which of the following reasons most clearly represents your view. (PLEASE TICK ALL THAT APPLY)

- | | |
|--|--------------------------|
| I do not believe the current treatment model needs changing | <input type="checkbox"/> |
| I do not believe this model is a significant improvement from the current treatment model | <input type="checkbox"/> |
| I do not believe that this proposed model addresses the real problems in the current treatment model | <input type="checkbox"/> |
| I do not believe that the proposed model will increase capacity in treatment services | <input type="checkbox"/> |
| I do not believe that the proposed model will improve the quality of a range of service | <input type="checkbox"/> |
| I do not believe the proposed model meets National standards or is based on best practice | <input type="checkbox"/> |
| I do not believe the proposed model will provide ready access to drug treatment | <input type="checkbox"/> |
| I do not believe the proposed model will improve the integration of drug treatment as a holistic model | <input type="checkbox"/> |
| I do not believe the proposed model will improve treatment outcomes | <input type="checkbox"/> |
| I do not believe the proposed model is a more efficient and effective use of limited resources | <input type="checkbox"/> |

I do not believe the proposed model will give users and referrers a clearer understanding of service provision and how to access it	<input type="checkbox"/>
I do not believe the proposed model will improve working practices for staff involved in delivery	<input type="checkbox"/>
I do not believe the proposed model will increase confidence in drug treatment provision	<input type="checkbox"/>
I do not believe the proposed model will improve access for client groups that are currently under - represented	<input type="checkbox"/>
I do not believe the proposed model will have an improved impact on reducing the harmful effects of drug use upon the individual, the family and the community	<input type="checkbox"/>
I do not understand how the new model will work/ how it will improve drug treatment	<input type="checkbox"/>
Other reason <i>(Please state this reason in the comments boxes overleaf)</i>	<input type="checkbox"/>

Do you have any other comments on the model as a whole?
(PLEASE WRITE COMMENTS IN THE BOX BELOW)

4. Do you have any other comments on a particular part of the model?

(PLEASE WRITE COMMENTS IN THE BOX BELOW STATING CLEARLY WHICH PART OF THE MODEL YOU ARE COMMENTING UPON)

PART OF THE MODEL COMMENTING ON:

COMMENTS:

Name:
Organisation:
Address:
Telephone:
Email:

Upon completion please return this form to:

Fiona England

Drug Treatment Consultation Response Officer
Derby Community Safety Partnership
3rd Floor
St. Peter's House
Gower Street
Derby City
DE1 1SB

Or electronically to Fiona.England@derby.gov.uk

Thank you for taking part in this consultation exercise.